



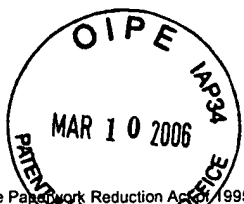
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/734,513	
	<b>Filing Date</b>	December 12, 2003	
	<b>First Named Inventor</b>	Dennis MCGINN et al.	
	<b>Group Art Unit</b>	3629	
	<b>Examiner Name</b>	Jamisue A. Webb	
<b>Total Number of Pages in This Submission</b>	16	<b>Attorney Docket Number</b>	81911.0002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment (15 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) 7 pages <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney to Prosecute Applications Before the USPTO <input type="checkbox"/> Terminal Disclaimer (\$____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	Floyd B. Chapman, Esq., Reg. No. 40,555 Wiley Rein & Fielding LLP Attn: Patent Administration 1776 K Street, N.W. Washington, D.C. 20006 Telephone: (202) 719-7000 Fax: (202) 719-7049
<b>Signature</b>	
<b>Date</b>	March 10, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
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## FEE TRANSMITTAL For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 25.00

### Complete if Known

Application Number	10/734,513
Filing Date	December 12, 2003
First Named Inventor	Dennis MCGINN et al.
Examiner Name	Jamisia A. Webb
Art Unit	3629
Attorney Docket No.	81911.0002

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-1129 Deposit Account Name: Wiley Rein & Fielding LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of Fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 56 - 55 = Extra Claims 1 x Fee (\$) 25.00 = Fee Paid (\$) 25.00

Multiple Dependent Claims  
Fee (\$) Fee Paid (\$)

Indep. Claims 4 - 4 = Extra Claims 0 x Fee (\$) = Fee Paid (\$)

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 0 - 100 = Extra Sheets /50 Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

#### 4. OTHER FEE(S)

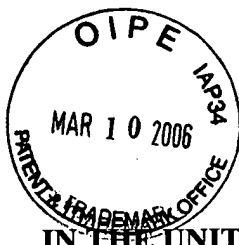
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

#### SUBMITTED BY

Signature	Floyd B. Chapman	Registration No. (Attorney/Agent)	40,555	Telephone	(202) 719-7000
Name (Print/Type)	Floyd B. Chapman	Date	March 10, 2006		



Docket No.: 81911.0002

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:

Applicant: Dennis MCGINN, et al.

Serial No.: 10/734,513

Confirmation No.: 1003

Filed: December 12, 2003

Art Group: 3629

For: VEHICLE ACTIVITY MODULE

Examiner: Jamisue A. Webb

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination on the merits, please enter the following amendments to the claims.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper. Please cancel without prejudice claims 3, 7, 8, 19-22, 29-31, and 33-34. Please amend claims 2, 28, and 32 as indicated below.

**Remarks** begin on page 15 of this paper.

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